

**Professional Licensing Agency**  
402 West Washington Street  
Room W072  
Indianapolis, IN 46204



**Michael R. Pence**  
*Governor of Indiana*  
**Deborah J. Frye**  
*PLA Executive Director*

### Inactive MD/DO Renewal Form

Your MD/DO license in the state of Indiana expires on 10/31/2015. If you currently hold an inactive license you may renew online at [www.pla.in.gov](http://www.pla.in.gov). If you hold an active license and would like to renew to an inactive status send this form with the renewal fee of \$100.00 to the address above, allowing 4 weeks for processing. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after 10/31/2015 you must include a \$50 late fee. If you answer 'Yes' to any question below send a detailed statement regarding the response with your renewal form.

<b>LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address</b>			
Licensee Name	License Number	Expiration Date	Renewal Fee \$100.00
Street Address			
City	State	Zip Code	
Phone Number	Email Address		

<b>QUESTIONS</b>	
1. Since you last renewed, has any health professional license, certificate, registration or permit you hold or have held been disciplined or are formal charges pending?	Yes No
2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?	Yes No
3. Since you last renewed, have you been arrested or convicted for a crime that has not been expunged by an Indiana court?	Yes No
4. Since you last renewed have you had a malpractice judgment against you or settled a malpractice action?	Yes No
5. Since you last renewed have you been denied staff membership or privileges in any hospital or clinic or, have staff membership or privileges been revoked, suspended or subjected to any restriction, probation, or other type of discipline or limitations?	Yes No
6. Since you last renewed have you been excluded from being a Medicare or Medicaid provider?	Yes No
7. Since you last renewed have you surrendered your DEA registration at any time or had any limitations or discipline placed on your DEA registration?	Yes No

<b>LICENSEE AFFIRMATION</b>	
I hereby swear or affirm under the penalties of perjury that I (1) will not maintain an office or practice; and (2) that if I do render a service that constitutes the practice of medicine, I will not charge a fee for that service, understand the Board of Medical Licensing Board of Indiana statutes and rules and have answered the questions true to the best of my knowledge.	
Signature of Licensee	Date (month, day, year)

Visit us on the web at [www.pla.in.gov](http://www.pla.in.gov). If you have any questions for the Medical Licensing Board please email [pla3@pla.in.gov](mailto:pla3@pla.in.gov) or call 317-234-2060.

<b>FOR OFFICE USE ONLY</b>		
Renewal Fee	Receipt No.	Date